

Testimony of Lyndelle Horne Redwood
Before the Government Reform Committee

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Mercury in Medicine. Are We Taking Unnecessary Risks?

Chairman Burton, Congressman Waxman, and committee members.

My name is Lyn Redwood. I reside in Atlanta, Georgia with my husband Tommy and three children, Hanna, Drew and Will. My husband and I are both health care professionals. My husband is a Physician and I'm a Nurse Practitioner. I also hold a Masters Degree in Community Health Nursing and I'm a member of our County's Board of Health and local Planning Commission.

My son Will weighed in at close to 9 lbs at birth. He was a happy baby who ate and slept well, smiled, cooed, walked and talked, all by one year. Shortly after his first birthday he experienced multiple infections, lost speech, eye contact, developed a very limited diet and suffered intermittent bouts of diarrhea. He underwent multiple evaluations and was initially diagnosed with a global receptive and expressive speech delay and later with Pervasive Developmental Disorder, a form of autism.

I would have never made a correlation between my son's disability and vaccines until July 1999 when I read that a preservative, thimerosal, utilized in some infant vaccines, actually contained 49.6% mercury. The report went on to say that the FDA had determined that **"infants who received thimerosal-containing vaccines at several visits may be exposed to more mercury than recommended by Federal Guidelines for total mercury exposure."** As health care providers my husband and I constantly receive notices that adverse events have been reported with a drug or a product safety sheet has been revised. Why were no such notices sent out notifying us that thimerosal preserved vaccines were exceeding federal guidelines for mercury exposure in infants?

It was in light of this information that I reviewed my son's vaccine record and my worse fears were confirmed. All of his early vaccines had contained thimerosal. From my research on mercury I have found it to be a potent human toxicant which is especially damaging to the rapidly developing fetal and infant brain. While acceptable levels for exposure are published by Federal Agencies, **mercury is a poison at any level.**

The dose **thought** to be safely allowed on a daily basis by EPA is 0.1mcg per kilogram of body weight per day. At 2 months of age my son had received 62.5 mcg of mercury from 3 infant vaccines. According to EPA criteria, his allowable dose was only 0.5mcg based on his weight. He had received **125 times his allowable exposure on that one day.** These large injected bolus exposures continued at 4, 6, 12 and 18 months to a total mercury exposure of 237.5 mcg. I also discovered that the injections that I received during the first and third trimesters of my pregnancy and hours after the delivery of my son to prevent RH blood incompatibility also contained mercury.

Knowing that the major effect of mercury compounds was neurotoxicity, I questioned if these exposures could account for my son's regression and disability. Since he was now 5 ½ years old, it would be difficult to know what his mercury levels had been at that time. It was then that I remembered having kept a lock of hair from his first haircut at 20 months of age. **Heavy metal analysis detected 4.8 ppm mercury in his hair. The allowable levels being less than 1 ppm.** The EPA action level in hair is 1 ppm and 5 ppm is considered diagnostic for mercury toxicity. Since my son has never eaten fish or seafood nor had dental amalgams, I had no other identifiable source for his mercury levels outside of thimerosal exposure from his vaccines and my RhoGAM injections.

Since last fall when I discovered my son's mercury toxicity, I have spent every free moment further investigating this issue. As a nurse and a member of the Board of Health for our county, I felt an urgency to share my findings and concerns about thimerosal with other professionals. I did research, I made phone calls, I wrote letters and actually went in person to meet with FDA and CDC officials to voice my concerns and present data on documented levels of mercury in many other children with developmental delays who were also exposed to thimerosal in their vaccines. All of my efforts seemed to fall on deaf ears.

On June 21, 2000 I attended the Advisory Committee for Immunization Practices meeting held in Atlanta. At that meeting a study was presented that looked at Vaccine Safety Datalink information and thimerosal exposure in over 120,000 children. **The key findings of this study were significant associations between thimerosal exposure and ADD, tics, speech and language delay and neuro-developmental delays in general.** A panel of experts who were convened to review the data concluded "The findings support a statistically significant (albeit weak) association, but that the implications are profound."

Unfortunately, **ACIP chose not to give preference to thimerosal free vaccines**, even though vaccine manufacturers assured there was enough supply available to meet vaccine needs the first six months of life. From the comments made by ACIP committee members it was apparent that political and economic concerns for the vaccine program took precedence over the health, safety and welfare of the children it is charged to protect. One committee member even remarked that giving preference to thimerosal free vaccines may result in reduced public confidence in vaccines. From my own personal perspective, just the opposite has occurred.

You may hear today from some officials that the mercury exposure from medicinal sources is insignificant. The fact is that neurological damage is documented to occur in infants at these levels of exposure. You may also hear that these levels only exceed EPA guidelines the first six months of life. That is because the data was inaccurately averaged over a six month time period. As any independent toxicologist will tell you, mercury has a long half-life and because of its inherent pharmacokinetics, you cannot legitimately

calculate the effect of a bolus dose as if it were ingested in small amounts over a longer period of time. To make a simple analogy, what the FDA is trying to assert is that giving someone two tylenol a day for 60 days has the same effect of giving them 120 tylenol all at once in one day! This, of course, defies common sense, much less sound medical practice.

The truth is, **vaccines, are often the single largest source of mercury exposure postnatally** in infants, but nowhere in the mercury literature of EPA, FDA or ATSDR literature on mercury are these products even identified as being a source of exposure. When I spoke with one official from EPA he commented that my son's exposure was very high and was rather sympathetic, but since it was not an environmental exposure, his agency could not get involved. So whom do I turn to for help?

Over 1 year ago the FDA, AAP, and the Public Health Service called for the immediate elimination or reduction of thimerosal from vaccines. But the sad truth is that while some progress has been made, **infants continue to be injected with one of the most neurotoxic metals on earth in excess of Federal Safety guidelines** as I speak here today, and the responsible agencies are unwilling to address this issue.

We are in the midst of an autism epidemic and children diagnosed with learning disabilities continue to increase daily. The statement that there is "no evidence of harm" does not equate to **no** harm having occurred. The truth is that we have not adequately looked or we just refuse to see. A recent national news article which addressed these concerns reported that some may say we don't have a smoking gun, but the truth is there are bullets all over the floor.

Millions of children have been needlessly exposed to toxic agents from Federally sponsored vaccine programs and have suffered neurological damage. This problem has become so pervasive in our society that few are left untouched, as Chairman Burton well knows. It is time for someone to step forward and acknowledge these facts and provide the science to fully investigate what has happened to our children and what can be done to help them.